UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

THE UNITED STATES OF AMERICA	PLAINTIFF
VS.	CIVIL NO. 3:16CV00622CWR-FKB
THE STATE OF MISSISSIPPI	DEFENDANTS

TRIAL TRANSCRIPT
VOLUME 4

BEFORE THE HONORABLE CARLTON W. REEVES
UNITED STATES DISTRICT JUDGE
AFTERNOON SESSION
JUNE 5, 2019
JACKSON, MISSISSIPPI

REPORTED BY: BRENDA D. WOLVERTON, RPR, CRR, FCRR
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*** DAILY TRANSCRIPT ***

APPEARANCES:

FOR THE PLAINTIFF:	MR. MATHEW SCHUTZER
	MS. REGAN RUSH
	MS. DEENA FOX
	MS. HALEY VAN EREM
	MR. PATRICK HOLKINS
FOR THE DEFENDANT:	MR. JAMES W. SHELSON
	MR. REUBEN V. ANDERSON
	MR. HOWARD PIZZETTA

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THE COURT: Is the government ready to call its next witness?

MR. SCHUTZER: Yes, Your Honor. Mathew Schutzer for the United States. Our next witness will be Professor Todd MacKenzie. After Dr. MacKenzie, we will have one more fact witness for the day. We're going to try to move quickly so that they both can go back home at the end of the day.

THE COURT: Okay. All right.

DR. TODD MACKENZIE,

having first been duly sworn, testified as follows:

THE COURT: The microphone is before you. Just speak loudly and clearly enough for all of us to hear you. Always speak into the microphone. Make sure all your responses are verbal. If you are going to nod or shake your head, say yes or no. Try to avoid using uh-huh and huh-uh and please speak at a pace at which the court reporter can keep up with you, and allow the lawyers to finish their question or statement before you begin to speak so that the two of you will not be speaking at the same time.

So, for the record, could you state and spell your name?

THE WITNESS: Todd MacKenzie. Spell it, did you say?

THE COURT: Yes.

THE WITNESS: T-O-D-D, M-A-C-K-E-N-Z-I-E.

THE COURT: Okay. I'm going to ask you to speak up

just a little bit.

THE WITNESS: Okay.

THE COURT: Make sure you are always speaking into the microphone.

You may proceed.

MR. SCHUTZER: Thank you, Your Honor.

DIRECT EXAMINATION

BY MR. SCHUTZER:

Q Dr. MacKenzie, where do you work?

A Dartmouth College.

Q What field do you work in?

A In statistics.

Q Were you retained as an expert for the United States in this case?

A Yes, I was.

Q What were you retained to do?

A So my role in this project was to -- given a list of patients who were at the Mississippi State Hospitals between October of '15 and October of 2017 to draw a sample of those patients that would be representative of the entire population of patients.

Q What was the sample used for?

A So after I provided a sample, it was given to, in my understanding, other experts to go out and interview those patients or their next of kin.

THE COURT: Try to slow down just a little bit. You say you are from Dartmouth?

THE WITNESS: Yes.

THE COURT: Okay. South of the Mason-Dixon around here. Slow down just a little bit.

BY MR. SCHUTZER:

Q In addition to drawing the sample, did you do any other analysis?

A So in addition to drawing the sample, the first thing I did when I received the list of patients was to do -- well, I took the data and I cleaned it, that's a term we use, and did descriptive statistics on it that would help inform how we go about the sampling.

Q We will talk about all of that in a few minutes. Did you write a report describing what you did and what you found?

A Yes, I did.

Q You have a binder in front of you.

MR. SCHUTZER: Your Honor, I have also handed up a copy and a copy to cocounsel.

BY MR. SCHUTZER:

Q Is your report PX-405, the first tab in that binder?

A Yes, it is.

MR. SCHUTZER: And that was preadmitted on the first day of trial, Your Honor.

BY MR. SCHUTZER:

Q I would like to talk a little bit more about you, Dr. MacKenzie. Do you have a Ph.D.?
A Yes, I do.
Q What is it in?
A Statistics.
Q You have a particular focus within the field of statistics?
A So, in general, I do what's called biostatistics, which is statistics for medical applications.
Q Where did you get your Ph.D.?
A McGill University in Montreal, Canada.
Q When did you get that degree?
A 1997.
Q How long have you been a professor?
A Since 1997. Twenty-two years.
Q And you currently work at Dartmouth?
A Yes, I do.
Q What classes do you teach?
A I teach a class on what's called statistical modeling and a class on what's called biostatistics consulting.
Q In addition to teaching, do you also work on research?
A Yes, I do.
Q About how much of your time is spent on research versus teaching?
A About 80 percent of my time is research.
Q You have been the author of articles that have been

published in peer-reviewed publications?
A Yes.
Q Have any of those articles involved pulling samples?
A Yes, some of them have.
Q How does the complexity of the work that you did in this case compare to the complexity of work you have done in peer-reviewed publications?
A Well, I could say that it's a little more rigorous. This project was more rigorous. Typically when we use samples in medical research, often we go for what's called a convenience sample. And in this case, convenience was not used. It was more rigorous.
Q Have you ever been an expert witness before?
A No.
MR. SCHUTZER: Your Honor, we tender Dr. MacKenzie as an expert in statistics and biostatistics.
MR. SHELSON: No objection, Your Honor.
THE COURT: All right. This witness will be allowed to testify as an expert witness on statistics and biostatistics.
You may proceed.
MR. SCHUTZER: Thank you, Your Honor.
BY MR. SCHUTZER:
Q Let's turn back to the work that you did in this case. What were you retained to do?

A So I was retained to -- given a list of patients from Mississippi State Hospitals between a two-year period, October 2015 and October 2017, to draw a sample from that list of patients that would be representative of the entire population, I use the term.
Q All right. Do you have a demonstrative slide that describes the population you were working with?
A Yes, but I do not see it.
Q All right. Well, let's get that one on the screen.
MR. SCHUTZER: Your Honor, we're going to mark this for identification as PDX-4. May I approach?
THE COURT: Yes, you may.
MR. SCHUTZER: We have disclosed a copy to the State.
(EXHIBIT PDX-4 MARKED FOR IDENTIFICATION)
BY MR. SCHUTZER:
Q How many people were admitted to the Mississippi State Hospitals in that two-year period you were looking at?
A It was almost 4,000, so 3,951 individuals.
Q And what was the two-year period?
A October of 2015 to October 2017.
Q Is this group of 3,951 people known by a specific term in statistics?
A Well, typically we would refer to this as the sampling frame.
Q Is a sampling frame the same as a population of interest?

A Yes.
Q Were any of these 3,951 individuals in a State Hospital more than once within the two-year period you were looking at?
A Yes. Some of them were.
Q How many?
A I would have to look at my report to recall that.
Q All right. Let's turn to page 28, using the numbers in the bottom right-hand of the page. This is PX-405.
A Okay. I have that.
Q Take a look at the section at the top of the page, descriptive statistics.
A Yes. So to answer your question, 514 of the patients had two admissions during that period. Another 147 had three admissions during that two-year period. And 82 of those individuals had four or more admissions during the two-year period.
Q By my math, that adds up to 743 people. Does that sound right?
A Sounds right.
Q Let's go back to the slide that you had about the population of interest. How many people of these 3,951 were a part of the sample?
A So I drew a sample of 299 individuals.
Q How many of the 299 individuals participated in the client review?

A 154.
Q Were all -- did all 154 of the individuals personally participate?
A It's my understanding two or three had passed away, so family was contacted.
Q The interviews were done by other researchers?
A Correct.
Q Did those researchers make findings that you then analyzed?
A That's correct.
Q Do you have a slide showing your analysis of those findings?
A Yes, I do.
MR. SCHUTZER: We will mark this for identification as PDX-5.
(EXHIBIT PDX-5 MARKED FOR IDENTIFICATION)
BY MR. SCHUTZER:
Q What did you conclude about the findings with respect to the question of whether individuals were not opposed to the community?
A So based on the interview responses I received, I calculated 99.4 percent were not opposed.
Q What did you find with respect to the responses to the question about whether individuals would have avoided or spent less time in a State Hospital?
A In that case it was 100 percent.

Q Before we talk about the third column on this slide, let me ask you, did you submit an addendum to your expert report related to the third question?
A Yes, I did.
Q Why was that?
A I found out in the past month that one of the responses in the data set, the spreadsheet I received, was in error.
Q What impact did that error have on your analysis?
A So for the third question, it had a small impact and reduced the percentage a small amount.
Q Was there any other impact?
A No.
Q Is your addendum Exhibit PX-405A in your binder?
A Yes.
MR. SCHUTZER: Your Honor, I move PX-405A into evidence.
THE COURT: Any objection?
MR. SHELSON: No, Your Honor.
THE COURT: PX-405A will be received in evidence.
(EXHIBIT PX-405A MARKED)
BY MR. SCHUTZER:
Q Let's go back to the slide that has your analysis with the correction. What is your finding with respect to the third question about whether individuals were at serious risk?
A In that case I calculated 85 percent, 85.1 percent.

Q What did these numbers, 99.4, 100 percent, and 85.1 percent, how do those numbers relate to the 3,951 people in the population of interest?
A So we could not interview all individuals, all 4,000, but by going through the process of taking a representative sample, we can be confident that these calculations here apply to the entire population or what we call estimates of those.
Q Before we talk more about the process of how you got these numbers in particular, I want to take a step back and focus on some of the statistical principles you used to get there, and we will start at the beginning. What is a sample?
A So -- so when you have a population that you want to answer questions about but you cannot go and answer that question in every particular individual because it would be too costly, what we do is we take a sample of the population, a subset.
Q Is the number of people in a sample important?
A Yes. In general, as the number of individuals in a sample of what we call the sample size, as that increases, the precision, the value of the information improves.
Q Can you give a concrete example of what you mean?
A So, for instance, actually the one that comes to mind right now is actually batting percentages. So in baseball if you were to just use the first five at-bats for a baseball player during a baseball season, that would not give you a very good idea of their batting average the whole season whereas if you

could take the first half of the season, that would be a much better estimate. So as the sample size increases in that case at-bats, your estimate gets better and better.

Q Would you turn, please, to page 1 of your report which is PX-405.

A Yes.

Q Looking at the last sentence of the first paragraph, you wrote, "The key statistical concepts utilized in the design of the sample were randomness, stratification, and weighting."

A Yes.

Q I would like to talk about each one of those briefly. Let's start with randomness. What does that mean?

A So randomness is a concept we employ repeatedly in statistics and medical research, and the whole point is to -- is by randomly sampling individuals, we create a representative sample, a sample that's representative of the entire population of interest.

Q How do you achieve randomness in a sample?

A So what I would do as a statistician or statisticians do is we employ what's called random number generators which is analogous to using flips of a coin or throw of a die to create randomness.

Q What is the relationship between randomness and representativeness?

A So -- so if a sample is completely random, that means that

everyone in the population has an equal chance of being drawn into your sample and, thereby, your sample is representative because everyone has an equal chance of getting into it.

Q The next concept that you wrote about in your report is stratification. What is that?

A So, often when surveys are done, it's -- stratification is an option that's considered. So I would -- I have conversations with people doing samples about what is the value of -- is there any characteristics that you would like to stratify by.

Q What does it mean to stratify?

A So, for instance, something that's often stratified by samples is race or ethnicity. So to stratify a sample by race or ethnicity would mean that into your sample you draw a fixed number of people from each of the race categories.

Q Why would you use stratification?

A Well, so there's a couple motivations for using randomization. One might be to guarantee that you get a certain number of each category of race. So, for instance, if in the City of Jackson you were to take a sample, and I don't know what proportion are Asian, I will say maybe 3 percent, if you were to take a sample of 100 individuals, there is a somewhat reasonable probability that just a random sample would not actually draw any Asians. So what you do is you fix ahead that I'm going to sample, like, so many Asians, like three or

five of the 100.
Q What is the relationship between stratification and randomness?
A So they are complementary concepts.
Q What do you mean by that?
A So if a sample is stratified and random, that means that first you're going to break up the population into categories, such as like race. And then within each race category you are going to randomly sample.
Q If a sample is stratified, can the results related to that sample be generalized back to the population of interest?
A Yes.
Q The third concept that you wrote about in your report is weighting. What is that?
A So weights are the use of -- actually, weights is probably a good intuitive term, where some people in your sample will get weighted more than others to reflect the fact perhaps that they had a better chance of getting into your sample or not. So, for instance, a good example is an annual survey done in the United States called the National Health and Nutrition Examination Survey where every year they sample about 3,000 individuals. But they stratify it by race. And what they do is they purposefully oversample Hispanics, I believe is the category they oversample. But that -- so a Hispanic might, say, have twice as good a chance of making it into the sample

than a non-Hispanic. But at the end when you analyze the results in order to make it representative of the entire U.S. population, you actually end up assigning less weight to the Hispanics because they were oversampled. So if they had double the chance of being -- if their chance of getting into the sample were twice --

THE COURT REPORTER: I'm sorry.

A And so if their chance of getting into the sample was twice as high as someone else, their weight would be half as high as someone else, half as big as someone else.

BY MR. SCHUTZER:

Q Why oversample and then adjust the weight as opposed to not oversampling?

A It's always a judgment call we make in any study whether to stratify or not.

Q What factors would influence that judgment call?

A To stratify?

Q Yes.

A Well, so to stratify, as I was saying, to make sure that you get a certain number of each of a category, such as race categories, or in some cases you might want to leave the potential that you can individually study particular groups, like you can individually report results specific to Hispanics or Asians or whites.

Q Let's put all those concepts together and talk about how

you constructed the sample in this case. How did you come to be an expert in this case?
A I was contacted by a colleague of mine at Dartmouth College, Dr. Robert Drake.
Q Did you know him before he contacted you for this case?
A Yes.
Q How often would you say it occurs that you work with somebody that you already know?
A 75 percent of the time.
Q When you are working with another researcher, can you describe generally what the division of labor would be between you as the statistician and that researcher?
A So the role of the statistician in medical research is to provide the quantitative expertise in any study. So typically we would be part of a team, and our role is limited to the quantitative aspects such as helping to design the study to make sure that the data that's collected can answer the questions those individuals are trying to answer. And then at the end when the data is collected, I participate in the analysis of the data.
Q Is that generally the division of labor in this case?
A Yes.
Q Do you have a slide identifying the steps that you took in this case?
A Yes.

Q Let's get that one on the screen.

MR. SCHUTZER: We will mark this, Your Honor, for identification as PDX-6.

THE COURT: PDX-6 will be marked for ID only.

(EXHIBIT PDX-6 MARKED FOR IDENTIFICATION)

BY MR. SCHUTZER:

Q Let's talk about the first step. What was that?

A To clean the data.

Q What does that mean?

A So anytime a statistician receives data, the first step is to clean it. And that means to take the data, for instance, spreadsheets that you have received, to get an understanding of what's in the spreadsheet to know which variables are which, which ones are going to be relevant to the analysis, and to identify errors, possible errors in the data.

Q What sorts of errors did you come across in this case?

A So an example of an error that is obviously an error would be for these -- in this data that I received from Mississippi State Hospitals about their admissions, if their date of admission was actually after their date of discharge, that would obviously be an error.

Q What did you do when you came across an error like that?

A In that case I would eliminate it. I think there ended up being a few patients like that.

Q How often do you encounter data that needs to be cleaned?

A That is almost always.
Q How did the amount of cleaning that you did here compare to cleaning that you have had to do in other work?
A Very similar.
Q You mentioned looking at a number of spreadsheets. Did you prepare a list of those spreadsheets?
A Yes.
Q Let's turn to that.
MR. SCHUTZER: We will mark this for identification, Your Honor, as PDX-7.
THE COURT: PDX-7?
MR. SCHUTZER: Yes.
THE COURT: All right. For identification purposes?
MR. SCHUTZER: Yes, Your Honor.
THE COURT: Okay. All right.
(EXHIBIT PDX-7 MARKED FOR IDENTIFICATION)
BY MR. SCHUTZER:
Q Is this the list that we're looking at?
A Yes, this is the list that I amalgamated into my sampling frame.
Q Would you identify the exhibit numbers, the far left column? Would you just read them, please?
A Yes. So I used PX-1064, 1079, 1065, 1066, 1080, 1081, 1082, 1069, 1070, 1071, 1072, 1073, 1074, 1075 and 1076.
MR. SCHUTZER: Your Honor, all of those except the

four I'm about to list were preadmitted. I'm going to move to admit PX-1079, 1080, 1081 and 1082.

THE COURT: That should be PX-1079 and PX-1080?

MR. SCHUTZER: Yes.

THE COURT: 1081 and 1082?

MR. SCHUTZER: Yes, Your Honor.

THE COURT: Any objection from the State?

MR. SHELSON: No, Your Honor.

THE COURT: All right. Those exhibits will be received into evidence.

(EXHIBITS PX-1079, PX-1080, PX-1081 AND PX-1082 MARKED)

BY MR. SCHUTZER:

Q Dr. MacKenzie, other than the fact that they contained information about different patients, was the type of information in each spreadsheet similar?

A Very similar, yes.

Q Can you describe generally the sorts of information that were contained in these spreadsheets?

A So it had personal identifiers such as Social Security number, medical record numbers, some Medicaid numbers, I believe. It had information on gender, race, age, diagnoses, primary and secondary diagnoses, the number of the prior admissions, length of stay, admission and discharge dates.

Q Thank you. Before we took a look at this list of documents, we were talking about you cleaning the data. Once

you cleaned the data, how many people did you identify as being in the population of interest?
A 3,951.
Q Let's go back to the demonstrative that talks about the steps that you took, PDX-6. What was the next step after cleaning the data?
A So after I cleaned the data, I conducted some descriptive -- I calculated some descriptive statistics.
Q What does that mean?
A So descriptive statistics means calculating proportions, a proportion that came from each hospital, a proportion that were male, female, a proportion that were black, white, calculating the average age, things like this.
Q Why did you prepare descriptive statistics?
A So this is something I shared with Dr. Drake to help inform how we would go about the design of the sample.
Q Did you include the descriptive statistics in your report?
A Yes, I did.
Q Those at Exhibit C of your report?
A Yes.
Q Beginning on page 28 of PX-405?
A Yes.
Q What sort of information did you look at within the descriptive statistics?
A So, as I was saying, the percentages by race and gender, by

hospital, by diagnoses, things like this.
Q Once you cleaned the data and prepared these descriptive statistics, what did you do?
A So the sample was designed in conversation with Dr. Drake what factors we should stratify by.
Q What did you decide with Dr. Drake to stratify by within the sample?
A So we decided that length of stay would be stratified by in the sample as well as hospital that the patient had been at.
Q Why did you decide to stratify or why did you and Dr. Drake decide to stratify by State Hospital?
A By State Hospital? So the stratification with respect to State Hospital was to make sure that we had enough patients from each of the four hospitals that comprised our sampling frame, our population.
Q Why did you and Dr. Drake decide to stratify by length of stay?
A So, in my understanding -- in my understanding, the reason we stratified by length of stay was to make sure we had enough subjects from the whole range of length of stay. So that means we would have patients with short length of stays, moderately long length of stays, and enough patients with long lengths of stays.
Q Do you have a demonstrative slide identifying the strata that you used?

A Yes.
Q Let's get that one up.
MR. SCHUTZER: That one was previously marked for identification, Your Honor, as PDX-2.
BY MR. SCHUTZER:
Q What were the strata that you used?
A So the strata we used were 1 to 20 days or approximately the first -- a length of stay less than three weeks; 21 to 60 days, which is a length of stay of three weeks to two months; 61 to 180 days, or a length of stay from over two months to a half a year; and finally, a length of stay of 181 days or more, or half a year or more.
Q Why these particular cutoffs?
A So these -- when cutoffs are decided in this kind of project in research that I am involved in, it is usually a combination of expert insight and the distribution of the data and round numbers to some extent. So in this case we chose, for instance, the cutoff of 180 days to represent patients with really long lengths of stay.
Q For people who had multiple hospitalizations of different lengths within the two-year period, for instance, somebody who had a 20-day stay and then somebody who had a 61-day stay a few months down the road, how did you decide which strata that person would go in?
A We used the first -- their first admission to the hospital.

Q Why was that?
A It's just a convention, when you have more than one, to take the first.
Q How many people were pulled into the sample?
A 299 individuals were sampled, were part of my sample that I randomly generated with stratification.
Q Did you have a role in collecting data about those people?
A No.
Q Did you have a role in looking at the data once it was collected?
A Yes.
Q What was that role?
A So once the interviews had been completed and responses from those interviews put into a spreadsheet, that spreadsheet was given to me to analyze.
Q What did you do to analyze that information?
A So in analyzing the results of the interviews, the first step was to address the question, was there any difference between the people in the sample that were interviewed and the people in the sample that were not interviewed.
Q Why did you check for a difference between the people who were interviewed and the people who were not interviewed?
A So the point of that is to determine if there is any characteristics which suggest that the people who complete interviews or people that respond to surveys are different

somehow than those who do not. And if there is a difference, then we would account for it in our final analysis.
Q How would you account for it in your final analysis if there was a difference?
A So the typical way to account for differential response rates, for instance, this type of person is much more likely to respond than this type of person, is to use weighting.
Q What factors did you check for in this data to see if there were differences in response rates?
A So I -- so, in looking at response rate, I asked was gender related to the response rate, was age related, was race related, was which hospital they had been at related, number of prior admissions, length of stay, about eight or nine different factors.
Q Across all of those factors, did you find any statistically significant differences in response rates?
A So with respect to all the factors I looked at to ask if they were related to the probability of completing an interview, the only one which showed some evidence was race.
Q Did you apply weighting to account for the difference in response rates related to race?
A Yes. So because, for instance, blacks were -- blacks completed the interviews at a 60 percent rate versus whites, which is about 40 percent, I added up weighting in my analysis the blacks a little more than the whites because the whites

were less likely to complete the interviews.
Q How common is it to need to apply weighting to account for differences in the response rates?
A Well, it happens almost always.
Q How common is it to need to apply weighting to only one factor to address differences in response rates?
A Often it can be many factors that you might use.
Q In addition to weighting to account for race, was there any other weighting that you used in your analysis?
A Yes. Because by design, we stratified by length of stay and hospital, those factors were used in the weighting.
Q Can you explain what that means?
A So, for instance, in our sample we drew 75 patients from each of those four length-of-stay categories. So patients in the longest length-of-stay category, a half year or more, 181 days, that was probably 7 percent of the patients, but they comprised 25 percent of our sample. So in my final calculations, I ended up weighting the long length-of-stay people less because they were oversampled.
Q Why not draw a sample that has only 7 percent of people within the 181-plus stay strata?
A Well, we could have. I think -- my understanding is that we wanted to have more than that in our final sample in case we wanted to look specifically at patients that had long length of stays. So if you only sampled -- if our sampling proportion

matched what it was in the population, 7 percent, of the 300, 21 would have been in the sample, and maybe that would not be enough to make conclusions about people if we wished to make specific conclusions about patients with long length of stays.

Q To wrap up, I would like to talk about your analysis of the overall findings. Would you turn, please, to page 5 of PX-405 which is your report.

A Yes.

Q In the second paragraph, you wrote, "I characterized responses to each of the yes/no questions, *Is not opposed to community-based services*, *Would have avoided or spent less time in a State Hospital,* and, *Is at serious risk of institutionalization,* by reporting the frequency with which they were responded to in the positive." What does that mean in layman's terms?

A Meaning the answer to the question was yes.

Q Once you had the number of yes questions for each answer -- I'm sorry. Once you had the number of yes answers for each question, what did you do?

A So I -- so the goal was to estimate in the entire population if they had been interviewed what that proportion would be that would answer yes. And so I went about calculating those using this weighted analysis.

Q And then underneath that paragraph, you have an estimate of the frequency for each of the questions. And there is

something there, each of them has a 95 percent confidence interval. What does that mean?
A So in statistics, a 95 percent confidence interval, which is -- sometimes goes by the name of margin of error, is -- so instead of providing just a specific one number, you provide a range. And that range, so this confidence interval or margin of error is a range where you are 95 percent confident that the true value lies. And in this case, the true value being if you had gone back and interviewed all 3,951 people.
Q Let's go through those estimates. For the first question, whether the individual is not opposed to community-based services, what is your estimate?
A 99.4 percent.
Q For the second question, whether the individual would have avoided or spent less time in a State Hospital, what is your estimate?
A 100 percent.
Q For the third question, let's flip to PX-405A, your addendum.
A Oh, yes.
Q What is your estimate to the answer -- of the answer to the third question, whether the individual is at serious risk of institutionalization in a State Hospital?
A That's 85.1 percent.
Q 99.4, 100, 85.1 percent, how --

THE COURT REPORTER: I'm sorry?
BY MR. SCHUTZER:
Q 99.4, 100 percent, 85.1 percent, how do those three findings about 154 people relate to the 3,951 people who were in the population of interest?
A Well, I'm confident that they are very close to what it would be if they were -- if the entire list of patients has been interviewed, all 4,000.
Q I'm sorry to interrupt you. Was the sample of 299 individuals drawn randomly within each strata?
A Yes.
Q Was the sample of 299 individuals representative of the 3,951 individuals who were in a State Hospital?
A Yes, especially after we weight, too, in our analyses.
MR. SCHUTZER: If I could have a moment to confer with cocounsel, Your Honor.
THE COURT: Yes, you may.
(SHORT PAUSE)
BY MR. SCHUTZER:
Q Dr. MacKenzie, just to go back to a couple of questions on weighting, just to make sure your testimony is clear, you testified that you found a statistically significant difference in the response rates for blacks and whites. Is that correct?
A Yes.
Q Of those two groups, which was -- which responded more

frequently?
A A black individual is more likely to complete an interview than a white individual.
Q To account for that, did you weight -- which group then got weighted more?
A So because African Americans were more likely to complete an interview than whites, in the end, if you want to make the analysis specific to the entire population, you end up weighting the whites a little bit more because they were less likely to participate in an interview.
Q Would you turn, please, to page 4 of your report, PX-405.
A Yes.
Q In the first sentence of the section called analysis of the completed interviews, you write that there were four deceased patients?
A Yes. Can you remind me which section is that?
Q Section E, first sentence, bottom of page 4.
A Okay.
Q You wrote that there were four deceased patients?
A Okay.
Q Is that an accurate number of the number of people who were deceased within the 154?
A That's my understanding.
Q Thank you.
MR. SCHUTZER: No further questions.

MR. SHELSON: May I proceed, Your Honor?

THE COURT: Yes, you may.

CROSS-EXAMINATION

BY MR. SHELSON:

Q Good afternoon, Dr. MacKenzie.

A Good afternoon.

Q I'm Jim Shelson. I'm one of the lawyers representing the State of Mississippi. I won't keep you long but I do have a few questions for you. I want to direct your attention to PX-405, which is your report, in page 5 of your report. All right. On page 5 here, these are the three questions that you did a statistical analysis of. Is that correct?

A Correct.

Q All right. And then you were showed this slide which is PDX-5. Do you recall this?

A Yes.

Q Okay. And so moving from left to right, the left-most column on PDX-5 corresponds to question number 1?

A Yes.

Q Is that correct?

A Yes.

Q And so on. And the second from the left is question 2 and the right-most is question 3?

A Yes.

Q Okay. So based on your understanding -- well, question 1

is whether the individual is not opposed to community-based services. Is that correct?
A Yes.
Q All right. To your understanding, who was answering that question?
A It's my understanding it was the patients and, in a few cases, family members.
Q Okay. And question 2, whether the individual would have avoided or spent less time in a State Hospital, who was answering that question?
A I'm not entirely sure but a combination of the patient or the expert interviewer.
Q Your understanding who was answering question 3, which is whether the individual is at serious risk of institutionalization in a State Hospital.
A I presume that was the expert interviewer giving their opinion.
Q So where -- like, in question 3 -- so it's your understanding that the expert found that 85.1 percent of the individuals they reviewed were at serious risk of institutionalization in a State Hospital?
A Yes.
Q So with respect to where the expert answered the question, are you saying that the expert would have answered that question at this same percentage for the 3,951 people?

A Yes. That's what I -- that's how I would phrase it.
Q Okay. So do you have an understanding of how many experts participated in this review?
A It's my understanding it was six or seven.
Q So does this result for question 3 tell us anything at all about what the result would be if, say, we had six different experts?
A I presume it does.
Q Well, when you say you presume, what are you presuming?
A So it's my understanding that those -- the experts who conducted the interviews are -- would be similar to other experts.
Q And if you are incorrect, then what?
A Then it's plausible that -- if, for instance, the interviews who conducted -- the experts who conducted the interviews were just very, very different from your typical expert, then, yeah, the numbers would be different.
Q Well, what's your basis for assuming that the six experts on DOJ's review team are typical experts?
A Well, I don't have information to make a judgment one way or the other because I don't know them or I have not learned anything about them.
Q I will represent to you that questions 2 and 3 are both the opinions of the DOJ experts in this case. Do you agree that where the answers to questions 2 and 3 are based on the

opinions of six experts, that that's different than how question 1 was responded to?
A Yeah. Arguably, yes, there is some differences, yes.
Q Because 1 is a yes or no by a patient, and questions 2 and 3 are opinions by the experts?
A I agree.
Q Doctor, do you recall this exhibit? It's PX-405.
A Yes.
Q And remind us what this is.
A So this is some descriptive statistics on that list of patients who had been in a Mississippi State Hospital during the two periods, the population or sampling frame as I have called it.
Q Okay. And could I direct your attention, please, to the diagnosis section of this? And so that -- I don't mean to belabor the obvious, but the percentages you have listed there represent the percentage of individuals of the nearly 4,000 who have that particular diagnosis?
A Yes. And some of them might have had more than one, I believe is the way I calculated it.
Q Right. But so based on the data you have here, what was the most frequent diagnosis?
A The schizophrenia.
Q At 28.8 percent?
A Yes.

Q And then so on is listed there.
A Yes.
Q All right.
THE COURT REPORTER: I'm sorry?
MR. SHELSON: I'm sorry.
BY MR. SHELSON:
Q And then so on is listed there. And then, Doctor, if I could direct your attention to the next heading, is that number of prior admissions?
A Yes.
Q And 0 prior admissions was 54.1 percent?
A Yes.
Q And that was the highest percentage category?
A Yes.
Q And then those who had exactly one admission, that was 17.6 percent?
A Yes.
Q And so then you combine either zero or one admission and you get 71.7 percent?
A Yes.
Q Okay. Doctor, this is P-417. Have you seen this document before today?
A No.
Q Okay. This is a document produced by DOJ, and I will represent to you that each red dot is an individual in the

sample who was recommended a PACT service and their last known address at the time.
A Okay.
Q So if that representation is accurate, should these red dots or the 154 individuals in the review be generalizable to the 3,951 individuals?
A So are you asking if the people who had completed interviews were representative of the entire 3,951?
Q Yes, sir.
A Yes.
Q Okay. So, for example, I'm just going to direct your attention to -- I will represent to you that these are counties in Mississippi and these are the names of the counties. You have this cluster of four counties here, Smith, Jasper, Jones, Covington, and there is no red dots in any of those four counties. So how, if at all, is that generalizable from the 154 to the 3,951?
A Sir, I'm not sure what your point is.
Q Well, of the 154, none of the individuals who PACT was recommended for lived in those four counties. Are you with me so far?
A Okay.
Q So if you extended the results from 154 to the 3,951, would you expect to find any individuals in those counties?
A Sir, can you repeat the last part?

Q If you extended the results for the 154 that's depicted on this document to the 3,951, what would you expect to see with respect to those four counties?
A I'm not sure the exact nature of the question. Are you suggesting that the sample is not representative because it doesn't have people from those counties?
Q No.
A Okay.
Q No, no. I'm sorry. I'm saying that -- maybe this will make it easier. Let's look at a county like Lamar here where there is one red dot. Okay? So if you extended these sampling results to the 3,900 -- what do we call the 3,951?
A Yeah. Sampling frame or population.
Q If you extended that result to the sampling frame, would you expect to see more red dots in Lamar County?
A Yes, but I'm not sure a red dot means that they were sampled and completed the interview, or I'm not sure --
Q That's where they resided.
A Uh-huh.
Q Uh-huh.
A Yeah. I'm sorry. I'm not totally understanding the question.
Q That's okay. I will move on. So you spoke earlier in terms of a confidence interval for the three questions. Is that correct?

A Yes.
Q So again, going back to the two questions, questions number 2 and 3 that were the opinions of the DOJ experts, again, is that the confidence interval that those same experts would answer those two questions the same way if they answered it for the entire sample frame?
A Well, there is a hidden assumption, if you will, that the experts in this project were like other experts.
Q All right.
MR. SHELSON: Could I have just a moment to confer, Your Honor?
THE COURT: Yes.
MR. SHELSON: Thank you, Your Honor.
(SHORT PAUSE)
MR. SHELSON: Thank you, Dr. MacKenzie. That's all the questions we have.
Thank you, Your Honor.
THE COURT: All right.

REDIRECT EXAMINATION

BY MR. SCHUTZER:
Q Just a few questions. Dr. MacKenzie, you were shown a page from your descriptive statistics. You were looking at page 30 of PX-405.
MR. SCHUTZER: Can we switch to the -- thank you.
BY MR. SCHUTZER:

Q You were asked about the sections on diagnosis and number of prior admissions. Do you recall that?
A Yes.
Q If you look at page 29 of your report, PX-405, at the bottom there is a heading, Descriptive Statistics: Patient at First Admission. You see that?
A Yes.
Q That's the section that the statistics on diagnosis and number of prior admissions were in. What does it mean, patient at first admission?
A So in total, we had information on over 5,000 admissions, but that was from 3,951 patients, and so when I calculated these descriptive statistics, it applied to their characteristics at that first admission if they had more than one.
Q So somebody who had zero prior admissions on their first admission, if they had more than one admission within the sampling window, that wouldn't be reflected in this set of data, would it?
A Correct.
Q Would you turn in your report, please, to page 6 of 32 in PX-405. The last sentence of your report is, "In other words, they," you're referring to the sample of population of patients, "they are representative of the actual value were the entire population to be interviewed." Do you see that?

A Yes.
Q What does that mean?
A So it means the calculations I made, for instance, for those three questions apply to the entire population, the representative of what would happen if the entire population had been interviewed.
Q Thank you.

MR. SCHUTZER: No further questions.

THE COURT: Doctor, I have a couple of questions to follow up on. Each side will have an opportunity to follow up based on what I have asked. Just so I can be correct on your statistical sampling, one of the questions that Mr. Shelson was asking --

And maybe if you will, Mr. Shelson, could you put back up on the screen PX-0417? I believe that's what you were pointing to with the -- is that the client review members with the programs? Is that -- I think I'm looking at the same document. It may be titled something else. I'm sorry. I'm talking about the first document.

MR. SHELSON: Yes, sir. This is P-417.

THE COURT: Right. Okay.

Mr. Shelson was asking about Smith, Jasper, Jones and Covington Counties there in southeast Mississippi. And I guess it shows there in that general area, in that four-county area, that none of the people who were interviewed, I guess, came

from those particular counties. I don't know if it makes any difference statistically. You know, we have 82 counties in the state, and in that four-county area, nobody came from either of those counties. But there are other counties where there's -- because I noticed further south, Perry, Greene, George, Stone and Pearl River, there are no individuals from those counties.

I guess, and we do see a lot -- we do see several people apparently from Hinds County because that's the most populous county.

THE WITNESS: Uh-huh.

THE COURT: I would suspect that that's the reason.

THE WITNESS: Uh-huh.

THE COURT: So is there anything statistically significant in the fact that there are no dots in several of these counties?

THE WITNESS: To me, that's not surprising that some counties will not be representative when you take a random sample. Inevitably, some aspects, like depending on how much you carve it up, and the more you carve it up, the less likely that some of those places will not be represented.

THE COURT: And -- okay. That's all I have, then. Okay.

Any follow-up based on what I have asked?

MR. SCHUTZER: Just briefly, Your Honor. Just two things.

BY MR. SCHUTZER:
Q When you in your testimony, Dr. MacKenzie, just referred to carving up, what did you mean by that?
A So when I say carving it up, I mean in this case carving it up geographically, but it could be carving it up with respect to any other characteristics, like about the individuals, you know, what color their eyes were, or what country they originally came from, et cetera.
MR. SCHUTZER: May I approach, Your Honor.
THE COURT: Yes, you may.
BY MR. SCHUTZER:
Q (Tenders document.) I have handed you PX -- I have handed you PX-418.
MR. SCHUTZER: Your Honor, this is a document that was preadmitted.
THE COURT: Okay.
BY MR. SCHUTZER:
Q Have you -- what is this document?
A Are you asking me?
Q Yes. Would you read the title?
A So it's my understanding that each red dot represents the home address or the residence of where the patients in the sample came from.
Q Is this all 154 people?
A Well, I trust someone else to count them. I can't tell off

the top of my head.
Q I'm going to display PX-417 which you looked at with counsel for the State. Is this all 154 people, or is this a subset of the 154?
A The one on --
Q The one that's now on the screen, --
A The PACT?
Q -- PX-417?
A I believe that's a smaller set of the 154. Is that correct?
Q I can't answer that. I ask the questions.
A I believe it's my understanding that that's not all of them; that's a subset of the 154 that were interviewed.
Q Does the fact that there are some counties in the state of Mississippi where none of the 154 people reside impact the representativeness of the results of the client review?
A Well, I would say no unless there was a compelling reason that someone could identify that those counties that are not represented are really different from the counties that are.
MR. SCHUTZER: No further questions.
BY MR. SHELSON:
Q Doctor, here is my question: Does the document that -- well, strike that. If you were in the Mississippi Department of Mental Health, would the document that's marked P-417 tell you anything about where you need to focus your PACT services?

MR. SCHUTZER: Objection, Your Honor. This is far outside the scope of the witness' expertise.

THE COURT: You can answer. Objection overruled.

MR. SHELSON: Would you like me to repeat that?

THE WITNESS: Yes, please.

BY MR. SHELSON:

Q If you were in the Mississippi Department of Mental Health, would Exhibit P-417 tell you anything about where you need to focus your PACT services?

A So I'm not sure of the nature of the question. I'm not sure. I'm not sure I am an expert to answer that.

MR. SHELSON: I will move on, Your Honor.

That's all. Thank you.

THE COURT: Okay. All right. Is this witness finally excused?

MR. SCHUTZER: Yes, Your Honor.

THE COURT: All right. You may step down.

THE WITNESS: Thank you. Do I leave these here?

THE COURT: You can leave them.

Before we call the next witness, I have to tend to a matter so we will take about a 15-minute break or so, but hopefully we will be able to get through with this witness today.

MR. SCHUTZER: Thank you, Your Honor.

THE COURT: All right.

(Recess)

THE COURT: Thank you for bearing with me. Is the government ready to call its next witness?

MS. VAN EREM: Yes, Your Honor. Haley Van Erem for the United States.

THE COURT: Tell me your name again.

MS. VAN EREM: Haley --

THE COURT: Okay. I see it.

MS. VAN EREM: Okay. Haley Van Erem.

Before we call our next witness, Melody Worsham, I just had a brief housekeeping question. We expect Ms. Worsham's testimony to take about an hour and additionally whatever the State has for cross. We would just request that after Ms. Worsham's testimony we recess for the day and start our next witness tomorrow if that would be okay.

THE COURT: That's going to be perfect because I have to be out of here -- yeah, that will be perfect.

MS. VAN EREM: Okay. Great.

The United States calls Melody Worsham.

THE COURT: All right. Ms. Worsham, you may come forward.

MELODY WORSHAM,

having first been duly sworn, testified as follows:

THE COURT: Ms. Worsham, you are free to adjust the mic as you might need to, bring your seat forward. Please

speak loudly and clearly enough so we all can hear you. Speak at a pace at which the court reporter can keep up with you. Allow the lawyers to finish their questions or statements before you begin to speak so that the two of you will not be speaking at the same time. Make sure all your responses are verbal. If you are going to nod or shake your head, say yes or no, and try to avoid using uh-huh and huh-uh because it might be spelled the same and have totally two different meanings.

If you will, state your name for the record and spell it, please.

THE WITNESS: My name is Melody Worsham, M-E-L-O-D-Y, W-O-R-S-H-A-M.

THE COURT: Perfect. Thank you.

You may proceed.

MS. VAN EREM: Thank you, Your Honor.

DIRECT EXAMINATION

BY MS. VAN EREM:

Q Good afternoon, Ms. Worsham. First, before we get started, this case has a fact cutoff of December 31st, 2018. So for the purposes of my questions today, I would appreciate it if you focus on the facts that existed through the end of 2018. Is that okay?

A That's okay.

Q Ms. Worsham, where do you reside?

A In Wool Market, Mississippi.

Q Is that on the Gulf Coast?
A It is.
Q How old are you?
A I'm 57.
Q How long have you lived in Mississippi?
A Off and on all my life.
Q When is the last time that you moved to Mississippi?
A Thirty years ago.
Q What is your educational background?
A I have a bachelor's degree in sociology.
Q Are you employed?
A I am.
Q What is your job?
A I'm a certified peer support specialist for the Mental Health Association of South Mississippi.
Q We will get into this in more depth later, but what is a peer support specialist?
A A peer support specialist is a person who has been trained to use their own lived experience of mental illness or substance use, whichever the case may be, to help other people in their recovery process.
Q In addition to your direct work as a peer support specialist, do you serve on any professional committees?
A I do.
Q What are those committees?

A I am a co-founder and I sit on the board of the Association of Mississippi Peer Support Specialists.
Q And are you on any committees with the State of Mississippi?
A I am.
Q What are those committees?
A I am on the Mississippi Advisory and Planning Committee for Mental Health.
Q Are you also a peer ambassador?
A I am also a peer ambassador, yes.
Q What is a peer ambassador?
A A peer ambassador is -- they're a contract of certified peer support specialists whose primary task is to provide technical assistance training to licensed DMH providers on recovery process, recovery systems.
Q You just mentioned the word recovery. What is recovery?
A So our definition of recovery is the one that SAMHSA uses and it is a process by which a person achieves the quality of life that they want for themselves.
THE COURT: I'm going to ask you just to slow down just a little bit. You're doing well. Volume is great. Just slow down just a little bit.
THE WITNESS: Okay.
BY MS. VAN EREM:
Q Ms. Worsham, have you recently spoken at conferences

regarding peer support?
A Yes, last week.
Q What was the conference last week?
A The conference was the DMH AMPSS Peer Summit. It was the summit for the certified peer support specialists in the state of Mississippi.
Q And when you say AMPSS, is that the Association of Mississippi Peer Support Specialists?
A Yes.
Q And what did you speak about at that conference?
A I did the plenary session to lay down the groundwork for the conference, the training conference for supervisors and peer supporters to understand what peer support is and also what a recovery-oriented system of care is.
Q Ms. Worsham, you mentioned that a peer support specialist is someone with lived experience with mental illness. Do you have a mental illness?
A Yes, I do.
Q What is your mental illness?
A I was diagnosed with schizophrenia, undifferentiated, and PTSD.
Q Why are you here testifying today?
A There's a lot of people out there that don't have a voice, and I need to be here to be a voice for those people.
Q So I would like to start by asking you a few questions

about your background and your diagnosis with schizophrenia. Is that okay?
A Sure.
Q How old were you when you first started experiencing symptoms of schizophrenia?
A I was in my early teens.
Q What were the first symptoms you started to experience?
A The first symptoms that I experienced was it was a gypsy that would come and visit me at night and her fortune that she was telling me was always that I'm going to die. She would try to take my breath away and then I would be blocked from leaving my house from a goat that would be outside the door that would not let me leave the house. It was terrifying.
Q Did you seek mental health treatment as a teenager?
A No, I did not.
Q Why not?
A The aunt and uncle that I was living with at the time didn't think anything was wrong with me.
Q What was your life like up until that point?
A My father came back from the war with PTSD, and he tried to kill my mother, and I was abandoned in the family home for about a year and a half so I was homeless as a child around 8 or 9 until my aunt and uncle took me in around the age of 10 or so. But I went from house to house between then also.
Q Did you live in Mississippi as a child?

A I did.
Q Did your parents receive any mental health services in Mississippi?
A No, they did not.
Q And when were you diagnosed with schizophrenia?
A As a young adult. My early twenties.
Q Were you in Mississippi when you were first diagnosed?
A Yes.
Q Had you sought mental health treatment at that time?
A Yes, I did.
Q Where did you seek mental health treatment?
A At my church. They had a counselor there and so I sought help with her first, and she was the one who recommended that I be evaluated for mental illness. And she referred me.
Q Where did you receive that evaluation?
A At Gulf Coast Mental Health.
Q Is that a community-based mental health center?
A Yes, it is.
Q A CMHC or community mental health center?
A Yes.
Q Okay. How did you react to receiving the diagnosis of schizophrenia?
A I believed what I had seen in magazines and movies about that diagnosis, that it was a progressively serious mental illness, that I would probably end up being heavily medicated,

maybe even lose my children, that my life wouldn't amount to anything, I would probably be institutionalized.
Q What understanding did you get from your doctor at that time?
A Well, part of that came from him as well. He told me that schizophrenia was a progressive disease and that I would be medicated my entire life and he also told me that I really should give up on some ambitions and I probably would end up being institutionalized at some point.
Q Ms. Worsham, have your symptoms changed since you first started experiencing those symptoms?
A Yes.
Q In what way?
A They got worse for a little while but then they've gotten progressively better.
Q And have you been hospitalized due to mental health symptoms?
A Yes, I have.
Q Since you moved to Mississippi the last time you said about 30 years ago, how many times have you been hospitalized?
A In Mississippi, I have been hospitalized six times.
Q Where were you hospitalized?
A Two times at Singing River Hospital, two times at Gulfport Memorial, and one time at Gulf Oaks in Biloxi.
Q Were those general hospitals?

A Gulfport Memorial and Singing River are community hospitals with psychiatric units.
Q During those six hospitalizations, for what lengths of time have you been hospitalized?
A Some were just a three-day observation time and I think the longest one was almost three weeks.
Q Were your hospitalizations voluntary or involuntary?
A They were voluntary.
Q When is the last time you were hospitalized?
A 2016.
Q Have you ever been hospitalized in a Mississippi State Hospital?
A No, I have not.
Q Ms. Worsham, do you still experience symptoms?
A Yes, I do.
Q Do your symptoms vary?
A They do.
Q In what way?
A I have certain symptoms that are with me all the time. There is always a buzzing voice in my head. They can go all the way to, you know, where I'm feeling like -- it can be very severe, yeah.
Q And do you have good days and bad days?
A I do.
Q What is a bad day like for you?

A Having all the lights turned out in my house, crawling around on the floor so that people can't see me through the windows. I can't feed myself because either my brain is telling me I'm not allowed to eat or if I open up the refrigerator, someone is going to see a light and they're going to know someone is home, and I just have to keep myself safe. And so I might go, you know, days without bathing or eating.

Q Will you tell me what a good day is like for you?

A Getting up, feeding my animals, going to work, helping other people, visiting friends.

Q So now I would like to turn and focus on your role as a peer support specialist. What do peer support specialists do?

A Peer support specialists have a lot of roles, depending on what they -- you know, what their own strengths are, but they help other people to figure out how to overcome the obstacles that might be getting in their way of living the life they want to live. And also navigating the system, helping to find resources, and then just being moral support, you know, just being there for somebody.

Q When you say helping other people, are you referring to adults with serious mental illness?

A Yes. That is my experience and those are the people that I help.

Q How long have you been a peer support specialist?

A Since 2012.

Q How did you become a peer support specialist?
A The Department of Mental Health provides a 36-hour training that you go through in order to become a peer support specialist and then you take an exam. If you pass it, then you're eligible for a job as a peer support specialist.
Q Did you have a role in the mental health system before becoming a peer support specialist?
A Yes.
Q What was that role?
A I was part of the breakthrough series collaborative teams to help transform the State of Mississippi to a recovery and resiliency-oriented system of care.
Q And right before you became a peer support specialist at the Mental Health Association for South Mississippi, did you have a role there?
A Yes. I was the WRAP program manager.
Q What is WRAP?
A WRAP is Wellness Recovery Action Planning, which is an evidence-based wellness program to help a person to use their own strengths to achieve their own recovery goals.
Q Is WRAP an important part of peer support?
A It is essential.
Q And does WRAP have an impact on mental health crises?
A Yes, absolutely. It actually has two components or three components. One is pre-crisis, recognizing the signs that you

might be entering a crisis stage so that you can take some action for yourself to keep yourself well and possibly even prevent a crisis. Then it actually has a nine-part crisis plan, because during that time, a person doesn't feel like they have any control over their lives or they might not be able to communicate their needs or wants for help at that time. And then there is a post-crisis part of the WRAP as well to help a person get back into life after the crisis.

Q So going back to your role as a peer support specialist, how many hours a week do you work as a peer support specialist?

A I work at MHA for 18 hours a week.

Q And MHA is the Mental Health Association?

A That is correct.

Q And do you do any other work as a peer support specialist?

A Yes. I help other peer supporters in their professional life, which is also a type of peer support, and then I also lead some recovery. I volunteer in the community in leading recovery groups.

Q Is your work as a peer support specialist important?

A Very important.

Q Why?

A People with mental illness for a long time have not had a voice, and a lot of traditional providers really don't get it, you know, how we are feeling and what's going on with us. Knowing that there is somebody who understands because they

have been through it themselves, it means a lot. And what they have to say about how they got themselves well is something to listen to because they have been through it. So it's extremely important. It is important for me and I think it's important for everybody.

Q What effect does peer support have on people with serious mental illness?

A I have seen amazing progress in people's recovery. Where I work, I have seen people when I first started there that had kind of resolved the life that I thought I had for me back in the day, that I'm just going to never work, nobody wants me because I'm sick, I'm going to watch TV, I'm going to play some crossword puzzles or something, and that's my life, to all of a sudden people having a desire to go back to school or own a home or get married, you know, real life things, getting into life, joining a bowling league.

Q In your experience, does peer support have an effect on the need for hospitalization for individuals with serious mental illness?

A Yes.

Q Can you describe why?

A So not everything needs hospitalization. Not everything is an emergency. Most of the time people living with mental illness, they live with it every day. And to be able to just stay well is really a better goal. When I go to a hospital,

I'm losing all of my power over myself, and that in itself is traumatizing. And to know that I can use peer support and someone who understands the concept of recovery, that it's a process, I don't have to be fixed, I just need to be able to get myself through the day, and then I can worry about tomorrow tomorrow. It matters. It just means a lot to people. It means a lot to me.

Q Ms. Worsham, where do you work as a peer support specialist?

A I work for the Mental Health Association of South Mississippi.

Q And is there a drop-in center at that location?

A Yes, it is called the Opal Smith Center.

Q Can you please briefly describe the Opal Smith Center?

A So the Opal Smith Center is a day program for adults living with any mental health diagnoses, and it's a living room model. It's like a home away from home. It gives caregivers a rest but it also gives them a break. It's a stigma-free environment. They can just go and relax, make friends. We also teach wellness programs, the dimensions of wellness, WRAP, those kinds of things. We also have support groups like for grief, bipolar, you know, whatever their issues are or whatever they are interested in learning about. And then fun and socializing, learning how to make friends, eating nutritious meals twice a day as well.

Q Is the center peer run?
A It is peer run, yes, it is.
Q Does the Opal Smith Center focus on recovery?
A Yes. Absolutely.
Q How does the center support recovery?
A They believe that -- they believe that everybody -- anybody can do anything they want to do; it's just that one person's path to that goal might be different from another person's path to that goal. And something that might take you a week to do, it might take me six months to do or even six years to do. But we have hope and we don't give up on people, that there is always an opportunity for you to do whatever you want to do. And that's what recovery is all about.
Q Who comes to the Opal Smith Center?
A They are adults living with mental health diagnoses.
Q Have any Opal Smith clients been in State Hospitals?
A Yes.
Q In what settings do people who come to the Opal Smith Center live?
A Some are married and live with their spouses. Some have children. Some live in subsidized housing. Some do live in group homes and some live with their family or caregivers.
Q What does a typical day look like for you as a peer support specialist at the Opal Smith Center?
A So first thing in the morning as the drop-in members come

in, it's greeting. I'm also looking for where they might be in their mental health that day, you know, if they had a good weekend or a good evening. I want to hear about, you know, what they have done, what they have been up to. Then we serve a nutritious breakfast. There are a couple of people who get stipend jobs to help them, you know, earn an income. So, you know, it's just $20 but it's a stipend job that they're assigned to for the day. Then we usually have a guest speaker on Tuesdays that comes in for topics that they have chosen that they want to understand and learn more about.

We also have the support groups, arts and crafts, nutritious lunch, and then each afternoon we have actual discussion groups. On Tuesday it is dimensions of wellness. Wednesday, it's NAMI Peer-to-Peer, and on Thursday, it's WRAP.

Q How many members do you work with at the Opal Smith Center?

A It varies between 15 and 25 members.

Q What effect has coming to the Opal Smith Center had on the people that you work with?

A I have seen amazing strides. People who didn't think that they could accomplish things that they wanted to do in their lives, and they did. You know, people who have started to stand up for themselves and become more independent, people who have decided to challenge what the doctors have said even, you know, that they don't need all that medication, they want to try other alternative therapies and see what's going to work

for them. So it empowers people.
Q Has the Opal Smith Center had an impact on mental health crises?
A Yes, it has.
Q In what way?
A So, because with -- as somebody who has had crises and having peer support on staff, we tend to be able to recognize when a person might be approaching a crisis. We see it a little clearer. And so we can kind of start to address that with that person and find out where they are, you know, see what's going on in their lives. We ask what's happened to them, because not every crisis has to do with their mental illness. It could be that they are having their home environment is stressful for some reason. And so we try to address those things and let them know what kind of resources are available to them. And I think it gives people hope. And then sharing my own wellness tools has helped people to stay out of crisis.
Q As of the end of 2018, do you know whether there were any other programs like Opal Smith in other parts of the state?
A No.
Q Were there any other programs? I'm sorry. I asked an unclear question. Let me back up. Were you aware of any other programs in other parts of the state?
A No.

Q And have you worked with any other peer support specialists in your work?
A Yes.
Q In what context?
A Half of the staff at where I work, my place of employment, are peer support specialists. And then as a member of the ambassador team with DMH and then also as the board -- a board member for the Association of Mississippi Peer Support Specialists, I work with a lot of peer supporters.
Q What other types of places can peer support specialists work?
A Oh, goodness. Where can they not work? I think they would work very well in regular medical emergency hospitals because people living with mental illness have medical emergencies as well, and having that peer support would be a very helpful thing. But they can work in drug courts. They can work in State Hospitals, crisis stabilization units, psychosocial rehabilitation centers. Anywhere that people are with mental illness, which is pretty much everywhere.
Q And through your work that you have described, are you familiar with the availability of peer support services in Mississippi?
A Yes, I am.
Q Are you familiar with any concerns that peer supporters have regarding availability of peer support?

A Can you rephrase that question, please, or ask it again?
Q Sure. Are you familiar with any concerns that other peer supporters have regarding the availability of peer support?
A Yes.
Q Can you describe those concerns?
A Peer support specialists are supposed to work in teams. They are supposed to have at least two so that we can work together to support each other because we are people who live with mental illness and we need that. On the professional level and on the personal level, we need peer support.

There is a lot of peer support specialists who are working by themselves and they have very large areas that they have to serve, very large case loads, they are getting burned out, they are having compassion fatigue, they are starting to become sick and have to lose their jobs because of it. There is a lot of places that don't have peer support at all.

Q Based on what you have seen, are there needs for peer support in Mississippi that are not being met?
A Yes.
Q Can you describe that a little bit more?
A So some of the biggest things that I think would be most important, when people get out of a hospital, they have been in crisis and they've also -- very possibly have lost a lot of momentum in their lives. They could have even lost their apartments. They could have lost their children. They could

have lost a lot by being hospitalized. And peer support being able to help that person to transition back into the community, get back into the swing of life would be an awesome thing.
Q And is that currently available in all parts of the state?
A Not that I know of. Not every place.
Q Ms. Worsham, do you personally need peer support services?
A Yes.
Q Have you been able to access peer support services?
A No. There is no peer support specialist in my area that can serve me.
Q Are there particular settings where peer support specialists are particularly needed in Mississippi?
A Yes. The community mental health centers need them. The crisis stabilization units need them. The PSRs need them, the psychosocial rehabilitation centers need them. They really are -- we have a shortage everywhere. I know that there are some places that are doing a very good job of getting peer support in, but it's just so lacking. There are also PACT teams and then the mobile crisis teams as well need peer support.
Q And you mentioned PSR earlier. Is that psychosocial rehabilitation?
A Yes.
Q And is that a day program?
A It is a day program.

Q Okay. Do peer support specialists ever work in State Hospitals?
A Yes.
Q Have you ever been in a State Hospital in Mississippi through your work as a peer support specialist?
A Yes, I have.
Q In what contexts?
A As providing technical assistance. When they first hired peer support specialists, I came in and provided technical assistance to teach the traditional staff what the role of a peer support was and also to help them, I made an assessment of their environment and how they worked and I made recommendations on how I felt like they could utilize peer support in the services that they provided.
Q What State Hospitals did you provide technical assistance to?
A South Mississippi State Hospital and Whitfield.
Q Is Whitfield Mississippi State Hospital?
A I -- yeah, I think that's what they call it, yes.
THE WITNESS: I need to get a drink of water.
MS. VAN EREM: Sure.
(SHORT PAUSE)
BY MS. VAN EREM:
Q Are you ready?
A Yes.

Q Okay. Based on what you experienced in providing this technical assistance, what are your impressions of State Hospitals?
A I'm terrified of them.
Q Why is that?
A They take all your rights away and there is no dignity. They pump people full of drugs. They make you use a community bathroom even though you have your own room. Women who are menstruating have to walk around the halls with a handful of tampons. If I want to rest or if a person wants to rest, they have to just lay in the hallway. They don't let people rest. Sometimes there is coercion. I would never want to be there, and I have made efforts in the past to stay out of them.
Q Ms. Worsham, I would like to turn to the issue of crisis services in Mississippi. Have you ever tried to utilize mobile crisis services in Mississippi?
A Yes.
Q Have you tried to utilize mobile crisis services for yourself?
A Yes.
Q How many times?
A Once.
Q Have you ever called the crisis line or how many times have you called the crisis line? Excuse me.
A I have called the crisis line dozens of times.

Q Okay. And how many times did mobile crisis services respond?
A One time. But they really weren't the ones that responded.
Q So in that case, what happened after you called the crisis line?
A I was in a mental health crisis, and I called the crisis line and they told me just to go to the hospital. And I couldn't drive at that time. I can't drive when I'm in crisis. And so I called someone that I know at the Department of Mental Health and I told them I was in crisis and she said, "Well, why don't you call the mobile crisis team." And so I called the same number that I called for crisis and it was the same number and I said, "I want the mobile crisis team." And she goes, "Well, why don't you just go to the hospital." And so I hung up and gave up. And that person at the Department of Mental Health called me back to check on me and I told her what happened. And she made a phone call and mobile crisis came then.
Q And have you ever tried to utilize mobile crisis services for individuals you work with as a peer support specialist?
A Yes, I have.
Q How often would you say?
A Just a few times.
Q What has been your experience generally when you have tried to access mobile crisis services for other individuals?

A They tell me to take them to the hospital.
Q Does the crisis team generally come out?
A They have only come out once.
Q When was the last time you tried to utilize mobile crisis services for another individual?
A It was last summer.
Q What was occurring at that time?
A Excuse me?
Q What were the reasons why you tried to utilize the mobile crisis services?
A I had a client who was in a mental health crisis, and he was outside of a hotel room on a highway, and he had called and so I took a coworker to go see him and I knew he was in really bad shape. When I got there, he was so dejected, he was in really bad shape, he needed help.

So I called the mobile crisis team and I told them, I said, "I have a client here." I said, "Would you please bring someone out?" And she goes, "Why don't you just call the cops to take him to the hospital?" And I said, "Because you're mobile crisis and I want you to come see my person." I said, "He doesn't want to leave."And she said, "Well, you just need to call the cops on him." And so I hung up.

Me and my coworker, we finally talked him into getting into our vehicle, and I was like, "You know what, I'm going to take you to the community mental health center and because when you

walk in and say you're in crisis, they have to see you." And so I drive -- we drove him over there and just when we walked in the door, the lady that I had talked to on the phone from mobile crisis met us right inside the entrance with her hands on her hips, and she goes, "I told you if you showed up I would just call the cops." And my client took off. I had to go after him.

Q Did that person end up in a hospital?

A I finally talked him into -- I had to keep pace with him and I promised him I would not call the cops on him and I promised him that I would let him use my cell phone to call his wife. It seemed important to him. I thought it was a bargaining tool, and to let call -- if as soon as he got the hospital band on his wrist, he could call his wife.

Q And what were the individual symptoms at the time you had called the mobile crisis team?

A He was a crumbled ball on the ground. He couldn't stop crying, and it was more -- it was more wailing. He was so dejected.

Q You mentioned that the mobile crisis line told you they would call the police. Was this individual exhibiting violent behaviors?

A No. No. He was in a ball just crying, just crying. He was crying so hard he was weak. When we tried to get him in the car, he was so weak, he needed our help to get in the car.

This is the devastated situation he was in. He couldn't stop.
Q Other than what we have already discussed, have you observed any other unmet needs for services in your work with individuals --
THE COURT REPORTER: I'm sorry.
MS. VAN EREM: Sure. I'll start over. I apologize.
BY MS. VAN EREM:
Q Other than what we've already discussed, have you observed any other unmet needs for services in your work with individuals with serious mental illness?
A Just that there is no peer support specialists in my area that can serve people with serious mental illness. It's just not there.
Q Have you observed the availability of services for individuals who are moving out of State Hospitals?
A Not really. There is one peer support specialist at South Mississippi State Hospital who has called to let me know that someone is being discharged and she is referring them to the drop-in center and for me to expect them. But because there is no formal process for her to transfer that person to me, she can't tell me who that person is. She can't tell me what kind of help they will need or anything like that. And then I can't communicate to her whether that person arrived or not.
Q And are you familiar with the availability of services for individuals with both serious mental illness and substance use

disorder?
A You mean like dual diagnosis?
Q That's right.
A That's a problem as well. My experience, especially with the people that I serve, if they are dual diagnosis, they have to choose which crisis they are going to have taken care of at that moment. If they go to -- if they go to an alcohol and drug treatment center and they find out they have serious mental illness, they will tell them, "No, you can't come here, you have serious mental illness, we are strictly addiction." If they go to the serious mental illness side and they find out they have an addiction, they go, "You have to get that taken care of." So I have already recommended my clients to lie. I say, "Pick one. Which one is the one that is bothering you the most? Which one is causing you the most problems? And don't tell them about the other one so that you can get the care that you need."
Q I would like to shift gears a little bit. I just have a few more questions, Ms. Worsham. What impact has your employment had on your well-being?
A It has had an amazing impact. This is the longest I have ever held down a job in my life. And, also, I have been medication free for three years now.
Q Are you aware of something called supported employment?
A I have heard of it, yes.

Q What is your understanding of what supported employment is?
A What I understand it to be is someone who helps a person to seek meaningful employment but also to help an employer to understand how to accommodate a person with mental illness, because most employers understand how to accommodate someone with a physical disability but not with a mental health disability. So -- and also to do that follow-up and provide some kind of support for that person as they are employed, you know, to help them to be successful. That's how I understand that to be.
Q Are you aware of whether supported employment is available in Mississippi?
A I don't.
Q Do you know of anyone who is utilizing supported employment?
A No, I don't. I have heard that it exists but I don't know anything about it and I don't know anyone who has ever received those services.
Q I would like to cycle back to the concept of recovery. Why is it important to view mental illness in terms of recovery?
A The best way to describe that, it's the example I give to a lot of people when they want to understand the difference. In a medical situation, if I have a broken arm, I go take an x-ray, they look at that and they can say, "You have a broken arm. That's the diagnosis." And the treatment is simple and

it's a one-size-fits-all model. You get the brace on, you might have some anti-inflammatories and then you come back six weeks later, they do another X-ray, they take the cast off and say, "You are fixed. It's over. You have recovered from a broken arm."

Mental illness is something you live with your entire life. There is no fix. There is no cure. And so the medical model simply doesn't work. There is no way that I will walk into a psychiatrist's office one day and he will say, "Melody, you no longer have schizophrenia." It will never happen. So managing -- managing it and allowing me to just live the fullest life that I can possibly live based on my strengths and my own goals is the best that can be offered. And that can't be done with a one-size-fits-all model, because what's going to be right for me is going to be different for somebody else, even if they have the same exact diagnosis as me.

MS. VAN EREM: Your Honor, may I have one brief moment to confer with cocounsel?

THE COURT: Yes, you may.

MS. VAN EREM: Thank you.

(SHORT PAUSE)

MS. VAN EREM: No further questions at this time.

THE COURT: All right. Thank you.

CROSS-EXAMINATION

BY MR. ANDERSON:

Q Good afternoon, Ms. Worsham. I'm Reuben Anderson. I'm one of the lawyers for the State of Mississippi. Let me start out by saying thank you for being here. Your testimony was something I have never heard before, and I have been a lawyer for 52 years.

You said that you wanted to be the voice. And who are you the voice for?

A Ask me again. I'm sorry.

Q In your testimony you said that you wanted to be the voice. I'm just asking you, who are you the voice for?

A I'm the voice for people who live with mental illness and are not getting the care that they need to succeed in life.

Q Is this in your area where you live on the Mississippi Gulf Coast or throughout the state of Mississippi?

A Throughout the state of Mississippi.

Q Okay. Do you do peer support all over the state?

A Yes, I do.

Q And you are of the opinion that peer support specialists are burned out in Mississippi?

A I said that many are.

Q Okay. Your testimony borders on being an expert, and I think you are an expert; you just haven't been qualified, but you have seen things that probably no one in this courtroom has seen. You have been homeless, abandoned and locked up in mental institutions, and you have shared a story. Tell me

about your family.
A My father served two wars, Korea and Vietnam. He was MIA for a while. He came back not a whole person. My mother was a homemaker. I have two brothers, older brothers, that when my father tried to kill my mom, he took me with him as a witness, and a man in the restaurant took my mother and helped her to escape, and my brothers took off after her to try to find her.
Q I really didn't want to take you that far, but --
A Okay.
Q -- I was just asking. Do you have children?
A I do. I have two. One is gone now.
Q I'm sorry. One --
A I had two children. I lost one three years ago.
Q Oh, I'm sorry. You are of the opinion from your testimony that the State of Mississippi does a sorry job in taking care of people who would have serious mental illnesses. Is that your testimony?
A I don't recall saying it was sorry.
Q I didn't -- and I apologize. I don't think you said it either, but your description of it -- tell me what you think of it.
A I think the people that I have worked with at the Department of Mental Health really want to see this change. I really do.
Q And the change that you speak of is what?

A To transition our system of care over to a recovery-oriented system.
Q And you know by interacting with the Mississippi Department of Mental Health that that is their main goal, that is their vision, that whenever you meet, that's what they talk about, is getting people out of the State Hospitals and getting them close to their families. Don't you know that?
A I have heard them say that but that's not what they talk about.
Q You're not saying that that's not their mission and in their vision statement and in their mission?
A Yes, it is in their strategic plan, yes, it is.
Q But you are saying they are not executing?
A I don't think they are enforcing it.
Q And when you say "they," you're not talking about the board of directors of the Mississippi Department of Mental Health and the executives that work there. Who are you speaking of?
A I am speaking of the people at the Department of Mental Health that I work with that I guess oversee the peer support program, and it is called the Department of Recovery and Resiliency.
Q The peer support program that you speak of, and you are eminently involved in it, how many individuals have that certification?
A Right now I believe the count is 238 that have the

certification.
Q And they are spread all over the state of Mississippi, are they not?
A I think there are several clusters and then there are very, very sparse one-person in a very, very large swath of area. So there are concentrations of peer support specialists in Mississippi. I don't believe they are spread out across Mississippi.
Q Well, Mississippi is probably one of the most rural states in the -- it's 80 percent rural, so they don't need people in every little town, do they? Or do they?
A They do. There are people with mental illness diagnoses in every part of Mississippi, and I would venture to say that the rural areas have as many as the urban areas.
Q We have heard that from experts and I gather that that is true. But economically speaking, you can't put a peer support person in every municipality in the state of Mississippi, can you?
A I don't believe I'm qualified.
MS. VAN EREM: Objection, Your Honor. This is beyond the scope of Ms. Worsham's direct.
THE COURT REPORTER: I'm sorry. The microphone --
THE COURT: Make sure you speak into the microphone.
MS. VAN EREM: I apologize. This is beyond the scope of Ms. Worsham's direct and it's also expert opinion testimony

about the costs of peer support services.

MR. ANDERSON: And I will withdraw that question, Your Honor.

THE COURT: Okay. All right.

BY MR. ANDERSON:

Q Are you an advocate for more than the peer support group? Are you an advocate for other entities that are concerned about serious mental illnesses?

A Ask me again.

Q Well, I guess what I'm asking you is that most of your testimony has been critical of the peer support specialist program that is operated and funded by Mississippi Department of Mental Health. What other departments of mental health are you critical of?

A The hospitals.

Q And your criticism there, and I heard you say that, is that people are mistreated there and medicated extensively and those things. Other than the hospitals, what are your criticisms?

A I said that the peer support program was wholly inadequate. It needs to be extended. That's what I said. And that's what I was criticizing, was the lack of service.

Q You are not here to tell Your Honor that Mississippi Department of Mental Health is not trying to extend it. You are not saying that, are you?

A No, that's not what I'm saying.

Q And you would agree with me that they make a major effort to extend that program throughout the state of Mississippi, would you not?
A I would say they are not doing the very thing that actually would make a difference. It's like they stop right at that point to do the very thing that actually would make a difference. They stop. So there is a lot of talk, there is a lot of planning, but there is also a lot of people being hurt in the process because they are doing things, they are setting up people like peer support specialists, and there is not an infrastructure that supports them, and they are not crossing that line and making sure that when they go around training these hundreds of people for peer support that there is actually jobs available. And it's frustrating because they are not enforcing their own policies on the provider level. So the Department of Mental Health, that building that's right here in Jackson, has the right idea, but none of the agencies under them, I won't say none, the majority of the agencies under them are not following the new policies, and they are not enforcing it.
Q Okay. And you have said this on numerous occasions, on Facebook and other places, have you not?
A I have never said it on Facebook.
Q Well, social media?
A I have never said it on social media, no, I have not.

Q So the only place you have made this comment is in this courtroom today?
A No. I say it to my fellow peers. I say it to the Department of Mental Health. I say it in the advisory council meeting. I say it to my employer. I have said it to agencies where I have provided technical assistance. I have said it to the people who actually need to make the change. I have not just said it to the general public.
Q And you have said it to the people who pay you, have you not? And they haven't had any repercussions and they have listened to you?
A That is correct. I work for an agency that has fully embraced the recovery-oriented system. They are not one of the people I am critical of.
Q Okay. The Mississippi Department of Mental Health has numerous programs. You all have some outstanding programs on the Mississippi Gulf Coast, do you not? One of them is the drop-in program. Is that correct?
A That's correct.
Q And that's something that you helped initiate, is that not correct?
A No. That program is 55 years old. I have only been there for seven, eight years.
Q Well, you have promoted it, have you not?
A I have promoted it, yes.

Q And spoke kindly about the people and the work that they do?
A Absolutely.
Q And they have, because of that, attempted to expand that throughout the state of Mississippi, have they not?
A I am not aware of that.
Q Okay. They have the PACT teams, they have the mobile crisis teams, they have employment support that you know very little about. Am I correct?
A That is correct.
Q And that's not unusual because you are unemployed in that arena, are you not?
A Excuse me?
Q You are not involved in the employment support program for the Mississippi Department of Mental Health, are you?
A No. As that program, no, I am not. I do help people get jobs as a peer support specialist but not that formal program, no.
Q Well, let me ask you another way. You know about all of the programs in Mississippi and probably around the nation that benefit people with serious mental illnesses, are you not?
A I try to be as educated as possible.
Q What is it that Mississippi and what program is Mississippi not pursuing that help people with serious mental illnesses?
A Turning their system of care over to a recovery-oriented

system, taking it out of the medical model which does not work.
Q I heard you say that, and I will just ask you about it. You said that traditional providers pretty much don't know what they are doing. Did you -- you didn't use that term, but that's the point that you were making, were you not?
MS. VAN EREM: Objection, Your Honor. This misstates her testimony.
MR. ANDERSON: I will withdraw the question and ask it -- and try to remember her testimony as I could, Your Honor.
THE COURT: All right.
BY MR. ANDERSON:
Q And I apologize. I didn't try to mislead you but you did say that traditional providers make a lot of mistake and errors in their treatment of people with serious mental illnesses. Did you not say --
A I said that they were a one-size-fits-all, that they only know one way of treating people.
Q And you also said that --
A And that they are not following Mississippi's plan to transition over to a recovery-oriented system of care. They have been resistant to it and DMH has not enforced it.
Q So you're essentially saying that people who are psychiatrists and other professionals know less about what they are doing than you do?
A They are very good at what they do. I'm saying that what

they do is not enough, and it's a one-size-fits-all. Not everybody needs a psychiatrist. Not everybody needs a therapist.

Q Last year the State of Mississippi and Department of Mental Health reached out to 26,000 people who had emergencies regarding their mental condition. Do you think that's a plus or a minus?

MS. VAN EREM: Objection, Your Honor. This is outside the scope of her direct and she has no information about what --

THE COURT: Hold on. She is on cross-examination. I will overrule that objection.

THE WITNESS: Could you ask the question again?

BY MR. ANDERSON:

Q I just simply said that last year the State of Mississippi treated in an emergency situation 26,000 Mississippians. That's about the population of where you live on the Gulf Coast. That's a lot of progress, is it not, for this state to do that?

A I don't consider that progress.

Q You don't?

A I don't. Chances are -- chances are a large majority of those people did not need crisis services had peer support or other recovery-oriented providers been available. I think it's sad that that many people go into crisis and need that kind of

help when they might have been -- it could have been prevented. It's like waiting until you have a full-blown heart attack before someone says, "Maybe you shouldn't be eating five pounds of bacon every day."

Q There are a lot of people in Mississippi who are confined at the State Hospital. You don't think any of them should be there, do you?

A I think there are probably some that absolutely do. Yes, I do believe that the hospitals are necessary for some people.

Q Did you reach out to the government or how did you end up being here today?

A When we were doing the breakthrough series collaborative in 2011, it was my understanding that the breakthrough series collaborative was the result of a letter that was written by the Department of Justice. So I went online and I found the letter and I read it.

Since then, I have tried to keep up with what DOJ was doing because I was interested and I was concerned for my own self, for my own wellness and my own experience, but also the people that I was serving in their experiences.

A couple of years ago, I think it was like a couple years ago, and I am not sure exactly when, so don't pin me on that, I just remember that some members of the Department of Justice came to our -- my organization, and they talked to a few people, including myself, about how things were going, you

know, what we thought, my experience as a peer support specialist and those kinds of things. And then they came back a couple of other times and asked me other questions and I was happy to, you know, to let them know what I knew, and so were some of my other coworkers.

Q I read your statement, and I guess it's called Success Stories. And I just want to say to you that it is profound. In my long years, I have never encountered many people who have serious mental illnesses, and your statement really describes a situation that I had never thought about before. I don't know if it's in evidence but I'm going to ask Your Honor to read it and I'm going to ask that it be introduced into evidence. I think you tell a unique story and have a unique perspective of mental illnesses.

MR. ANDERSON: I don't know -- yeah, I've got several copies, Your Honor.

THE COURT: Any objection from the government?

MS. VAN EREM: Can I see a copy?

(SHORT PAUSE)

MS. VAN EREM: No objection.

(DOCUMENT TENDERED TO COURT)

MR. ANDERSON: Excuse me just a moment, Your Honor.

(SHORT PAUSE)

BY MR. ANDERSON:

Q I just wanted to make one final question of you, and that

is that where you work is under a grant from the Mississippi Department of Mental Health, and I think that grant is like $113,000. Is that correct?
A I do not know the amount.
Q But your salary is taken from that grant, is it not?
A I don't know that either. I don't know what grant I work under. We're a private nonprofit. We have several sources of funding.
Q If I told you that you were operating under a $113,000 grant from the Mississippi Department of Mental Health and that your salary comes out of that, you would not question that, would you?
A I might. Yes.
Q Okay. You get paid, do you not?
A I do.
Q Who is on the check when they pay you?
A The Mental Health Association of South Mississippi is the person who gives me the check.
Q And you don't have any idea where that entity gets its funding?
A I do know the sources of their funding. I don't know where my particular salary comes from. I don't know what grant that's under.
Q Well, where does their funding come from?
A It comes from the Department of Mental Health. I think at

one time we had a BP grant. I think at one time we had a SAMHSA grant. We have a lot of individual giving, and then we have an annual fundraiser that raises a significant amount of money. And if I'm not mistaken, in the past -- this past nine months, that's where my salary has come from. But I don't -- I don't know that for sure because I don't ask those questions and I don't bill the grants directly for my salary. That goes through our bookkeeper.

Q But the Mental Health Association of South Mississippi is funded from the Mississippi Department of Mental Health. Is that not correct?

A Yes, they do receive funding from the Department of Mental Health.

MR. ANDERSON: Nothing further, Your Honor.

THE COURT: All right. Let me ask a question about this exhibit. I don't think it was ever shown to the -- it was never shown to the witness but the government did not object to it. It's a statement of Ms. Melody Worsham. If you will, show it to her and let me know --

MR. ANDERSON: I was just going to say I have run out of copies to show her a copy, Your Honor.

MS. VAN EREM: I can give her my copy, if I may approach.

THE COURT: Yes. And I'm assuming that will be --

THE CLERK: D-354.

THE COURT: D-354. D-354 is the Success Stories statement of Ms. Melody Worsham. All right.

THE WITNESS: Yes.

(EXHIBIT D-354 MARKED)

THE COURT: Any redirect of this witness?

MS. VAN EREM: Yes, Your Honor.

THE COURT: You may.

REDIRECT EXAMINATION

BY MS. VAN EREM:

Q Okay, Ms. Worsham, almost done. You mentioned or I think Mr. Anderson mentioned on cross-examination how many individuals are certified peer support specialists in Mississippi. Do you remember that?

A Yes.

Q And I think you said there are 238. Is that right?

A Yes.

Q Where did you receive that information that there are 238 certified peer support specialists?

A I received that from the Department of Mental Health. They do an annual survey.

Q Are all of those 238 people working as certified peer support specialists?

A It's what it says on paper but they're not necessarily providing peer support.

MS. VAN EREM: I have no further questions.

THE COURT: All right. Based on what you know, Ms. Worsham, those 238 people, are they based all over the state or --

THE WITNESS: Yes, Your Honor.

THE COURT: All right. Okay. All right.

Any follow-up based on what I've asked?

MS. VAN EREM: No, Your Honor.

THE COURT: From the State, any follow-up?

MR. ANDERSON: No, Your Honor.

THE COURT: Okay. All right. Is this witness finally excused?

MS. VAN EREM: Yes, she is.

THE COURT: Okay. Ms. Worsham, you are excused. You can go about your regular duties. You can stay in court. You can come back for the next six weeks with me if you want to. All right. Thank you so much. Because I still haven't been told it's going to be less than six weeks. So I just want somebody else to be here with me.

Okay. This concludes the testimony for today. Let me ask the parties, my ruling yesterday with respect to CR and I want to say her name is Kirksey but it's not. It's --

MR. SHELSON: Sistrunk, Your Honor.

THE COURT: Sistrunk. I got some K's and some S's in there. I have -- aha. There was a Sistrunk. The other person was Sistrunk. Okay. The other one was Frye. That's right.

Okay. Have the parties worked out when those persons would be made available to the State?

MR. HOLKINS: Your Honor, the State has chosen not to depose Kim Sistrunk. Our plan is to proceed calling her as a witness.

THE COURT REPORTER: I'm sorry.

THE COURT: Make sure you're talking into the microphone.

MR. HOLKINS: I'm sorry. The State has chosen not to depose Kim Sistrunk. We will proceed with calling her as a witness next week if that is okay with the court. And we are still conferring with the State regarding whether and when CR would be deposed.

THE COURT: Okay. All right. Now, --

MR. SHELSON: We thought CR was going to be made available Friday afternoon. I thought we just hadn't settled on the time but we will get with them on that.

THE COURT: Okay. Now, Mr. Shelson, while you're standing, the motion that you filed was multifaceted about that motion in limine, and I think the other week you -- I think you either withdrew or you said -- well, the only two things you were worried about were these witnesses here. I am just trying to deal with my gavel that's on my docket with respect to that particular motion.

MR. SHELSON: Yes, sir. With respect to that motion,

what we said is everything but the issue of the witnesses that we withdraw, and to the extent we wish to pursue it, we would make a contemporaneous objection should it arise at trial.

THE COURT: Okay.

MR. SHELSON: So I think Your Honor has dispensed with everything in the motion subject to if it comes up at trial we may make an objection.

THE COURT: Okay. All right, then. Thank you.

MR. SHELSON: Thank you.

THE COURT: As I indicated to the parties several weeks ago, tomorrow will be an abbreviated day and then we will not meet on Friday and we will just be prepared to come back Monday at 9. In that regard, tomorrow we will go from 9 until 1 straight through instead of breaking for lunch. We will give you four hours, 9:00 a.m. until 1:00 p.m. You will be able to get a snack or something in one of these 15-minute breaks or so. That's what I'm proposing for tomorrow. I know I had indicated that we would probably go until about 2:00 or 2:30 but that would have been taking a break for lunch. We will not have a break for lunch. You will have a break for lunch after 1 but I wanted to -- is that going to complicate how the parties wanted to proceed with their case tomorrow?

MS. RUSH: That's not a problem, Your Honor. Thank you.

THE COURT: Okay.

MS. RUSH: Your Honor, if I may, would it be possible to start before 9:00 tomorrow morning so we can possibly finish the witness that is coming tomorrow so we can let her go on home? She is an expert witness from North Carolina.

THE COURT: Would going to 1:30 allow it to happen?

MS. RUSH: That would certainly help, Your Honor. Starting at 8 would help a lot as well.

THE COURT: Starting at 8?

Is that the only witness you will have tomorrow?

MS. RUSH: Yes, Your Honor.

THE COURT: And which witness is that? What's her name?

MS. RUSH: Dr. Carol VanderZwaag. She is a doctor from North Carolina.

THE COURT: She wasn't one of the ones on the team -- the CRT. Right? She was one?

MS. RUSH: That's correct, Your Honor.

THE COURT: Okay.

MR. SHELSON: Can I ask you, how long do you anticipate --

MS. RUSH: We anticipate three hours for her testimony.

I'm sorry. And if I may, I apologize for this request. I understand that the court had previously indicated the abbreviated day. The only issue is that Ms. VanderZwaag

would then need to stay here through Monday and she is a medical director at a state hospital in North Carolina so we're just trying to do the best we can to try to get her back.

THE COURT: We will take a couple of breaks to give people an opportunity to get a snack if they need it. Let's still start at 9. And I apologize. But we will go until we get through, I'm thinking until 2:00 o'clock, not until we get through, but from 9 -- I have an appointment in the morning and if I get here by 8:45 or so and everybody is here, we could start up. But we will go until 2 and see how it -- hopefully we will be done by then. That still gives me some flexibility based on having to be out of here. So, you know, if it's 2:15 maybe, it's good, but let's try to keep it from 9 to 2, knowing there will be no official Southern lunch break. It will be one of those lunch breaks that y'all do in these frou-frou places. So let's prepare to start up at 9 but the court will check in to see if people are situated. If I'm here at 8:45 or earlier and the court reporters are set, we will begin when that happens. I just have an appointment tomorrow morning and I'm hoping I will get here before 9. All right.

MS. RUSH: Thank you very much, Your Honor. We appreciate it.

THE COURT: All right. I'm trying to accommodate y'all so y'all can do this in less than six weeks. So you can at least appreciate my fact that I wanted it in less than six

weeks.

Okay. Anything else that we need to -- hold on.

The pretrial order, I did see where it came through chambers. The parties worked out whatever was on Exhibit 2, I think. Is it ready for me to -- are the parties ready for me to enter it?

MS. RUSH: Yes. The United States is.

MR. SHELSON: Yes, Your Honor.

THE COURT: Okay. All right. We will enter it tonight or tomorrow. So is there anything else we need to take care of?

MS. RUSH: Not from the United States. Thank you.

THE COURT: All right.

MR. SHELSON: Not from the State, Your Honor.

THE COURT: All right. Thank you. I will see you all tomorrow morning.

(Trial was recessed.)

CERTIFICATE OF REPORTER

I, BRENDA D. WOLVERTON, Official Court Reporter, United States District Court, Southern District of Mississippi, do hereby certify that the above and foregoing pages contain a full, true and correct transcript of the proceedings had in the aforenamed case at the time and place indicated, which proceedings were recorded by me to the best of my skill and ability.

I certify that the transcript fees and format comply with those prescribed by the Court and Judicial Conference of the United States.

This the 5th day of June, 2019.

s/ Brenda D. Wolverton
U.S. DISTRICT COURT REPORTER